

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL**

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: BOZIDAR FERREK-PETRIC
TITLE: SYSTEM FOR REMOTE COMMUNICATION WITH A MEDICAL DEVICE

Commissioner for Patents
U.S. PATENT APPLICATION
Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**

☒ **Specification:**

Total pages: 28 (including claims and abstract: Spec. 22 sheets; Claims 5 sheets; Abstract - 1 sheet.

☒ **Drawings:**

Total sheets: 14
☐ formal ☒ informal

Combined Declaration and Power of Attorney:

☒ **UNSIGNED**

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet of prior application

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

☒ Return Postcard

IF A CONTINUING APPLICATION:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)
of prior application No. .

☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation
☐ division ☐ continuation in part of application number , filed .

☐ Cancel in this application original claims of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: Medtronic, Inc.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

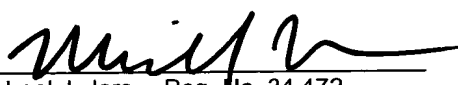
☒ Address all future correspondence to: Michael J. Jaro, Reg. No. 34,472
Medtronic, Inc., MS 301
7000 Central Avenue NE
Minneapolis, Minnesota 55432
Telephone: (612)514-3279

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	35	20	= 15	x 18	\$270
Independent Claims	02	03	= 00	x 78	\$
Multiple Dependent Claims				+ 260	
Basic Filing Fee					\$ 760
TOTAL					\$1030

Charge Deposit Account No. 13-2546 the sum of \$1030.00 (Filing Fee) for a total of \$1030.00.
The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

2 July 97


Michael J. Jaro, Reg. No. 34,472
MEDTRONIC, INC.
7000 Central Avenue N.E.
Minneapolis, Minnesota 55432
Telephone: (612) 514-3279